

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214522110				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>THE VIRGINIA COOPERATIVE CROP</b>  <b>IMPROVEMENT ASSOCIATION, INCORPORATED</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>THOMAS H. HARDIMAN</b>  <b>9225 ATLEE BRANCH LANE</b>  <b>MECHANICSVILLE, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HANOVER COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: <b>6/30/2014</b></p> <p>SCC ID NO: <b>00252312</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED		
CLASS	AUTHORIZED					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 9225 ATLEE BRANCH LN</p> <p style="margin-left: 40px;">CITY/ST/ZIP: MECHANICSVILLE, VA 23116</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;">           NAME: WILLIAM H. DAWSON, JR.            TITLE: PRESIDENT            ADDRESS: 272 SYDNORS MILLPOND ROAD            CITY/ST/ZIP/CO: HEATHSVILLE, VA 22473         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> <td style="width: 40%;"></td> </tr> </table>			NAME: WILLIAM H. DAWSON, JR. TITLE: PRESIDENT ADDRESS: 272 SYDNORS MILLPOND ROAD CITY/ST/ZIP/CO: HEATHSVILLE, VA 22473	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: WILLIAM H. DAWSON, JR. TITLE: PRESIDENT ADDRESS: 272 SYDNORS MILLPOND ROAD CITY/ST/ZIP/CO: HEATHSVILLE, VA 22473	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;">           NAME: THOMAS H HARDIMAN            TITLE: TREASURER            ADDRESS: 9225 ATLEE BRANCH LANE            CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR         </td> <td style="width: 40%;"></td> </tr> </table>			NAME: THOMAS H HARDIMAN TITLE: TREASURER ADDRESS: 9225 ATLEE BRANCH LANE CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: THOMAS H HARDIMAN TITLE: TREASURER ADDRESS: 9225 ATLEE BRANCH LANE CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;">           NAME: MICHAEL DRAKE            TITLE: VICE PRESIDENT            ADDRESS: 31251 SANDS RD            CITY/ST/ZIP/CO: NEWSOMS, VA 23874         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> <td style="width: 40%;"></td> </tr> </table>			NAME: MICHAEL DRAKE TITLE: VICE PRESIDENT ADDRESS: 31251 SANDS RD CITY/ST/ZIP/CO: NEWSOMS, VA 23874	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL DRAKE TITLE: VICE PRESIDENT ADDRESS: 31251 SANDS RD CITY/ST/ZIP/CO: NEWSOMS, VA 23874	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;">           NAME: ARTHUR DUKE            TITLE: DIRECTOR            ADDRESS: 11801 FARMERS REST ROAD            CITY/ST/ZIP/CO: CHARLES CITY, VA 23030         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> <td style="width: 40%;"></td> </tr> </table>			NAME: ARTHUR DUKE TITLE: DIRECTOR ADDRESS: 11801 FARMERS REST ROAD CITY/ST/ZIP/CO: CHARLES CITY, VA 23030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ARTHUR DUKE TITLE: DIRECTOR ADDRESS: 11801 FARMERS REST ROAD CITY/ST/ZIP/CO: CHARLES CITY, VA 23030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;">           NAME: HILTON HUDSON            TITLE: DIRECTOR            ADDRESS: 1008 WHITE LANE            CITY/ST/ZIP/CO: ALTON, VA 24520         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> <td style="width: 40%;"></td> </tr> </table>			NAME: HILTON HUDSON TITLE: DIRECTOR ADDRESS: 1008 WHITE LANE CITY/ST/ZIP/CO: ALTON, VA 24520	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: HILTON HUDSON TITLE: DIRECTOR ADDRESS: 1008 WHITE LANE CITY/ST/ZIP/CO: ALTON, VA 24520	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;">           NAME: FRANKLIN HUNDLEY            TITLE: DIRECTOR            ADDRESS: P. O. BOX 93            CITY/ST/ZIP/CO: CHAMPLAIN, VA 22438         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR         </td> <td style="width: 40%;"></td> </tr> </table>			NAME: FRANKLIN HUNDLEY TITLE: DIRECTOR ADDRESS: P. O. BOX 93 CITY/ST/ZIP/CO: CHAMPLAIN, VA 22438	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: FRANKLIN HUNDLEY TITLE: DIRECTOR ADDRESS: P. O. BOX 93 CITY/ST/ZIP/CO: CHAMPLAIN, VA 22438	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES E LAINE DIRECTOR 11253 GEN MAHONE HWY P. O. BOX 538 WAKEFIELD, VA 23888	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK T PHILLIPS DIRECTOR 408 RIVER ROAD FRANKLIN, VA 23851	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL ROGERS, III DIRECTOR 1233 SOUTHAMPTON RD WAKEFIELD, VA 23888	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK SIMMONS DIRECTOR 31380 GEN THOMAS HWY FRANKLIN, VA 23851	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR WADE THOMASON DIRECTOR 422 SMYTH HALL/ VA TECH BLACKSBURG, VA 24061	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ THOMAS H HARDIMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS H HARDIMAN, TREASURER PRINTED NAME AND CORPORATE TITLE	4/28/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			